



ACADIA PARISH SCHOOL BOARD
HEAD START PROGRAM



SUBSTITUTE POSITIONS AVAILABLE

(Locations: Crowley, Rayne, Church Point, and Estherwood)

QUALIFICATIONS:

- Applicants must be 20 years or older
- Applicants must score 10th grade (10.0) or above on the T.A.B.E test (test of basic skills)
- Applicants must have a clean criminal background check
- Applicants must submit to a basic physical screening and TB test

Anyone with a 4-year degree or higher is not required to take the T.A.B.E. test.

Anyone with anything lower than a 4-year degree (Bachelor's degree) will need to submit to the T.A.B.E test. Please call (337) 783-6377 for more information on testing.

HOW TO APPLY:

- Complete the application packet (attached)
- Verification of Education (high school diploma, college transcript, or teaching certificate)
- One (1) form of identification (Driver's license or State-issued identification)

Child care criminal background checks will be submitted to Louisiana State Police, FBI, Louisiana Department of Education, Department of Children and Family Services, and a fingerprint scan conducted through the Louisiana Sheriff's Association.

For questions, please contact Janet Walker at the Head Start Central Office at (337) 783-6377 ext. 231.

- SUBSTITUTE
- PARENT TRAINEE
- VOLUNTEER TRAINEE
- SUMMER WORKER

JOB EXPERIENCES APPLICATION

Name: _____ SS#: _____
 Address: _____ Telephone: _____
 City: _____ State: _____ Zip: _____
 Date of Birth: _____ Race: _____ Sex: _____
 Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____ State of Birth: _____

SERVICE AREA: Classroom Asst Cafeteria Asst Janitorial Asst Bus Asst Office Asst Central Office Clerical

INDICATE PREFERENCE: Church Point Estherwood Rayne Ross / Crowley Central Office

EDUCATION: Last School Attended _____ Grade Completed _____ Year _____

DEGREES / CERTIFICATIONS: _____

EMPLOYMENT HISTORY:

Position / Title	Employer	Dates of Employment	Reason for Leaving

SKILLS / EXPERIENCE: (CHECK ALL THAT APPLY):

Children / Classroom / Daycare Center Kitchen Experience Janitorial Bus / Driving Office Experience

Computers: List the programs you have worked with: _____

Typing Filing Answering Phones Fax Copiers Greeting Visitors

I understand this Job Experiences Program is not a "hire" or temporary/ permanent job. I will be sharing service to the Head Start Program while I am learning additional job skills.

I understand my information will be used to conduct an online Criminal Background Check before I can volunteer in the center.

Signature: _____

Additional information needed for completion of Background Check:

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ State of Birth: _____

EXPLAIN WHY YOU ARE APPLYING FOR HEAD START TRAINING – WHAT ARE YOUR TRAINING PREFERENCES:

WHAT DAYS AND TIMES ARE YOU AVAILABLE TO WORK: _____

PROFESSIONAL REFERENCES:

NAME _____ PROFESSION _____ PHONE _____

NAME _____ PROFESSION _____ PHONE _____

NAME _____ PROFESSION _____ PHONE _____

TO BE COMPLETED BY PRINCIPAL: I have interviewed and accepted the above-named applicant as _____ effective _____ and ending _____. Substitute will work for _____ hours per day. A stipend per day will be paid based on documentation of sign-in records and a time sheet submitted as part of the monthly payroll process of the program.

Funding Source: Head Start

Signature of Principal / Program Director _____ Date _____ Head Start Center _____

The Acadia Parish School Board adheres to the equal opportunity provisions of Federal civil rights laws and regulations that are applicable to this Board. Therefore, no one will be discriminated against on the basis of race, color, national origin (Title VI of the Civil Rights Act of 1964); sex (Title IX of the Education Amendments of 1972); handicapping conditions (Section 504 of the Rehabilitation Act of 1973); age (LRS 23:971); or veterans status in the pursuit of educational goals and objectives and in

Louisiana Child Care Civil Background Check Initial Request Form

This form is intended for provider/entity use as a convenient way to obtain all pertinent information from the applicant. This information must be entered online through the Child Care Civil Background Check System at <https://CCCBCLDOE.la.gov>.

All items marked with * are required for submission in the CCCBC System

Applicant Information

*Social Security Number: _____ *Date of Birth (MM/dd/YY): ___/___/___

*Full Name as it appears on government identification:

Last Name First Middle Suffix

Aliases, nicknames, tribal names, including names from previous marriages:

Last Name, First Name: _____

First Name: _____

*Applicant's personal email address: _____

*Phone number: _____ Alternative phone number: _____

*Physical Address: _____ Mailing

Address (if different from physical address: _____

*Place of Birth (city/state): _____ *Citizenship: _____

*Marital Status (circle one): single, married, widowed, separated, divorced **Maiden Name:** _____

*Sex: _____ *Height: _____ *Weight: _____ *Photo Identification Type: _____

*Identification number: _____ Issued by (state): _____ *Expires: ___/___/___ Hair Color: _____

_____ Eye Color: _____ Race: _____

Any tattoos, scars, or distinguishing marks, if so describe (include finger scarring):

***Residential History for the past 5 years:**

1) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Street

Address City State Zip Code

2) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Street

Address City State Zip Code

3) From (MM/YYYY): _____ To (MM/YYYY): _____

Address: _____ Street

Address City State Zip Code

**** Do Not Mail this form to LDOE ****

The Department recommends shredding or destroying this document immediately after use.



LOUISIANA DEPARTMENT OF EDUCATION

INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) _____
Name of Child Care Provider or §1809 Entity AP CHURCH POINT HEAD START CENTER

BY SIGNING BELOW:

1. I, _____ (Legal Name of Individual), give my consent for and authorize AP CHURCH POINT HEAD START CENTER (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements set forth in 45 C.F.R 98:43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-Louisiana Early Learning Center Licensing Regulations, §1803 and BESE Bulletin 139-Louisiana Child Care Development Fund Programs, §309.
3. I acknowledge that the following will be requested as part of the CCCBC process: fingerprint-based criminal history information records from the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI); a name-based search of the Louisiana Child Abuse and Neglect Registry (SCR) maintained by the Louisiana Department of Children and Family Services (DCFS); a name-based search of the Louisiana State Sex Offender and Child Predator Registry, the National Sex Offender Registry (NSOR) through the National Criminal Information Center (NCIC), and the public NSOR; and, if applicable, a name-based check of the state criminal history information records, state sex offender registries and registries of child abuse and neglect for each state in which I have resided within the past five years.
4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
5. I consent to and authorize DCFS to conduct a clearance of the State Central Registry for child abuse/neglect and release the results to LDOE.
6. I consent to and authorize LDOE to share personal descriptive information, including but not limited to my social security number, it receives during the CCCBC-based determination of my eligibility for child care purposes with LSP, FBI, DCFS and the Louisiana Sex Offender and Child Predator Registry, as maintained by Offender Watch, and if I have lived in other states within the last five years, those applicable state agencies, to aid in the identification of records about me.
7. I understand that I will be notified of my determination of eligibility or ineligibility for child care purposes and of any provisional employment status, and that I will receive notice of any changes to my determination or status. I further understand that the above-listed child care provider or §1809 entity will receive notice of any changes to my determination or status.
8. I understand that I may revoke my consent for the above-listed child care provider or §1809 entity to be sent notice of changes in my eligibility determination or provisional employment status, provided that I am no longer employed by the child care provider or no longer providing services in early learning centers on behalf of the §1809 entity, and that I timely submit my request in writing to LDEchildcareCBC@la.gov.
9. I understand that my eligibility determination and employment status will be searchable by other child care providers and §1809 entities with access to the Child Care Civil Background Check System if I am determined to be eligible for child care purposes or if I am granted provisional employment status.
10. I consent to and authorize the above-listed child care provider or §1809 entity to submit to LDOE an application requesting a new CCCBC-based determination of eligibility on my behalf every five years at or around the expiration of my current CCCBC-based determination of eligibility, provided I remain employed by the above-listed child care provider or provided I am continuing to provide services in early learning centers for the above-listed §1809 entity at the time of the expiration of my current determination of eligibility.
11. I acknowledge that I am required to notify LDOE of any change in physical, mailing and/or email address within 14 days of the change in physical address or email address.

I CERTIFY THAT ALL INFORMATION ON THIS FORM IS TRUE AND COMPLETE AND I UNDERSTAND THAT PROVIDING FALSIFIED INFORMATION OR WITHHOLDING INFORMATION IS GROUNDS FOR DENYING ELIGIBILITY FOR CHILD CARE PURPOSES.

FULL LEGAL NAME OF INDIVIDUAL and guardian, if applicable (print clearly) : _____

SIGNATURE OF INDIVIDUAL or guardian, if applicable: _____ **DATE:** _____

For Child Care Criminal Background Check information, contact LDEchildcareCBC@la.gov



LOUISIANA DEPARTMENT OF EDUCATION

INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) _____
Name of Child Care Provider or §1809 Entity AP ESTHERWOOD HEAD START CENTER

BY SIGNING BELOW:

1. I, _____ (Legal Name of Individual), give my consent for and authorize AP ESTHERWOOD HEAD START CENTER (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements set forth in 45 C.F.R 98:43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-*Louisiana Early Learning Center Licensing Regulations*, §1803 and BESE Bulletin 139-*Louisiana Child Care Development Fund Programs*, §309.
3. I acknowledge that the following will be requested as part of the CCCBC process: fingerprint-based criminal history information records from the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI); a name-based search of the Louisiana Child Abuse and Neglect Registry (SCR) maintained by the Louisiana Department of Children and Family Services (DCFS); a name-based search of the Louisiana State Sex Offender and Child Predator Registry, the National Sex Offender Registry (NSOR) through the National Criminal Information Center (NCIC), and the public NSOR; and, if applicable, a name-based check of the state criminal history information records, state sex offender registries and registries of child abuse and neglect for each state in which I have resided within the past five years.
4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
5. I consent to and authorize DCFS to conduct a clearance of the State Central Registry for child abuse/neglect and release the results to LDOE.
6. I consent to and authorize LDOE to share personal descriptive information, including but not limited to my social security number, it receives during the CCCBC-based determination of my eligibility for child care purposes with LSP, FBI, DCFS and the Louisiana Sex Offender and Child Predator Registry, as maintained by Offender Watch, and if I have lived in other states within the last five years, those applicable state agencies, to aid in the identification of records about me.
7. I understand that I will be notified of my determination of eligibility or ineligibility for child care purposes and of any provisional employment status, and that I will receive notice of any changes to my determination or status. I further understand that the above-listed child care provider or §1809 entity will receive notice of any changes to my determination or status.
8. I understand that I may revoke my consent for the above-listed child care provider or §1809 entity to be sent notice of changes in my eligibility determination or provisional employment status, provided that I am no longer employed by the child care provider or no longer providing services in early learning centers on behalf of the §1809 entity, and that I timely submit my request in writing to LDEchildcareCBC@la.gov.
9. I understand that my eligibility determination and employment status will be searchable by other child care providers and §1809 entities with access to the Child Care Civil Background Check System if I am determined to be eligible for child care purposes or if I am granted provisional employment status.
10. I consent to and authorize the above-listed child care provider or §1809 entity to submit to LDOE an application requesting a new CCCBC-based determination of eligibility on my behalf every five years at or around the expiration of my current CCCBC-based determination of eligibility, provided I remain employed by the above-listed child care provider or provided I am continuing to provide services in early learning centers for the above-listed §1809 entity at the time of the expiration of my current determination of eligibility.
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FULL LEGAL NAME OF INDIVIDUAL and guardian, if applicable (print clearly) : _____

SIGNATURE OF INDIVIDUAL or guardian, if applicable: _____ **DATE:** _____

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INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) _____
Name of Child Care Provider or §1809 Entity AP RAYNE HEAD START CENTER

BY SIGNING BELOW:

1. I, _____ (Legal Name of Individual), give my consent for and authorize AP RAYNE HEAD START CENTER (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements set forth in 45 C.F.R 98:43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-*Louisiana Early Learning Center Licensing Regulations*, §1803 and BESE Bulletin 139-*Louisiana Child Care Development Fund Programs*, §309.
3. I acknowledge that the following will be requested as part of the CCCBC process: fingerprint-based criminal history information records from the Louisiana State Police (LSP) and the Federal Bureau of Investigation (FBI); a name-based search of the Louisiana Child Abuse and Neglect Registry (SCR) maintained by the Louisiana Department of Children and Family Services (DCFS); a name-based search of the Louisiana State Sex Offender and Child Predator Registry, the National Sex Offender Registry (NSOR) through the National Criminal Information Center (NCIC), and the public NSOR; and, if applicable, a name-based check of the state criminal history information records, state sex offender registries and registries of child abuse and neglect for each state in which I have resided within the past five years.
4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
5. I consent to and authorize DCFS to conduct a clearance of the State Central Registry for child abuse/neglect and release the results to LDOE.
6. I consent to and authorize LDOE to share personal descriptive information, including but not limited to my social security number, it receives during the CCCBC-based determination of my eligibility for child care purposes with LSP, FBI, DCFS and the Louisiana Sex Offender and Child Predator Registry, as maintained by Offender Watch, and if I have lived in other states within the last five years, those applicable state agencies, to aid in the identification of records about me.
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8. I understand that I may revoke my consent for the above-listed child care provider or §1809 entity to be sent notice of changes in my eligibility determination or provisional employment status, provided that I am no longer employed by the child care provider or no longer providing services in early learning centers on behalf of the §1809 entity, and that I timely submit my request in writing to LDEchildcareCBC@la.gov.
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FULL LEGAL NAME OF INDIVIDUAL and guardian, if applicable (print clearly) : _____

SIGNATURE OF INDIVIDUAL or guardian, if applicable: _____ **DATE:** _____

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LOUISIANA DEPARTMENT OF EDUCATION

INDIVIDUAL AUTHORIZATION AND CONSENT FORM FOR CHILD CARE CRIMINAL BACKGROUND CHECK-BASED DETERMINATION OF ELIGIBILITY FOR CHILD CARE PURPOSES

Full Legal Name of Individual (print last name, first name, middle name) _____
Name of Child Care Provider or §1809 Entity AP ROSS HEAD START CENTER

BY SIGNING BELOW:

1. I, _____ (Legal Name of Individual), give my consent for and authorize AP ROSS HEAD START CENTER (Name of Child Care Provider or §1809 Entity) to submit a request to the Louisiana Department of Education (LDOE) for a Child Care Criminal Background Check (CCCBC)-based determination of eligibility for child care purposes on my behalf, and I agree to provide all information necessary for LDOE to make said determination of eligibility.
2. I give my consent for and authorize LDOE to request and receive any background information about me as part of my CCCBC, and based on the information requested and received, to determine whether I am eligible for child care purposes based on the requirements set forth in 45 C.F.R 98:43, R.S. 17:407.42, R.S. 17:407.71, BESE Bulletin 137-Louisiana Early Learning Center Licensing Regulations, §1803 and BESE Bulletin 139-Louisiana Child Care Development Fund Programs, §309.
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4. I authorize the Louisiana State Police (LSP) to release all pertinent criminal record information maintained in their files, other states files, or the FBI files (if applicable) which may confirm or deny my eligibility for child care purposes with the child care provider or §1809 entity named above.
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FULL LEGAL NAME OF INDIVIDUAL and guardian, if applicable (print clearly) : _____

SIGNATURE OF INDIVIDUAL or guardian, if applicable: _____ **DATE:** _____

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